

**Project Title:**

**Faculty Name:**

**Team Lead Name (Enroll. No.):**

**Team Member's Name (Enroll. No.):**

**Project Duration:**

I, the undersigned, hereby acknowledge that I have been provided with information about the research project mentioned above at **Bennett University, Greater Noida, UP**. I have had the opportunity to discuss the project with our university professor and understand the purpose, procedures, and potential risks and benefits associated with my participation.

I understand that all information collected during this research will be kept confidential. Any data or findings shared will be anonymized and used for academic purposes only.

I am aware that my participation in this project may contribute to the advancement of knowledge in the field, enhance my research skills, and provide valuable experience.

I have read and understood the information provided in this consent form. By signing below, I voluntarily agree to participate in the research project under the terms and conditions outlined in this document.

**Team Member's Name:**

**Team Member's Signature:**

**Date:**

**Faculty Signature:**

**Date:**